

You are entering a field of labor that is ever widening, and where each can make for herself a definite place in rendering such ideals of education as I have but haltingly tried to show you to-day practical facts. More especially are you to be congratulated in your choice of a school where the standard of excellence desired for its graduates is so clearly set forth, and where there is placed within the reach of pupils the possibility of that quality of thoroughness that is the great need and demand of the day.

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## THE OLD NURSE

By KATHERINE DE WITT

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So many innuendoes have of late been cast upon the old nurse that I feel an impulse to rise in her defence. Must she really think of herself as useless lumber? Does the law concerning the use of experience hold good in other walks of life and fail in ours? The woman who takes up teaching as her work often finds it difficult to get started. She must, as a rule, content herself with a humble position and a humble salary until she has proved her worth. Once started, her career is sure, if she be worthy. She advances steadily, gaining in knowledge at each step, and her age is crowned with honor. The woman physician, fresh from a medical school or, if she has been fortunate, from a hospital position, is glad to begin as an assistant to some one of her seniors who is well-established, and if she be worthy, she soon works into a position of her own. In both these cases, however, success depends upon ability and hard work. It is not to be denied that there are teachers who remain stationary in undesirable positions, or that there are physicians who fail to advance and who finally conclude that they have mistaken their calling and take up some other line of work.

In our own profession there seems to be no question in regard to the use of experience in hospital positions. The posts of greatest responsibility are, almost without exception, held by women who took their training years ago, who have gained wisdom with years, who are our leaders in thought and action. When one of these representative women gives up a post she has long held her absence seems a calamity, and it is long before anyone else can take up her duties as ably. The officers of an institution who are seeking to fill such a vacancy do not, as a rule, choose some member of the last graduating class, but someone who has already served well in some minor position, and who has demonstrated her ability to step up higher.

It must then be the private nurses at whom the shafts are aimed. Perhaps we have partly deserved them. If one take a list of graduates of any school and go over the earlier classes, she will find herself saying: "These have died, these have married, here are a few who are holding important hospital positions, and of the rest I know little; they have given up their work because they are tired or ill, or they have taken some position where their knowledge of nursing is useful, but where they can sleep at night. Only here and there do I come upon a name of a nurse who still clings to private nursing and who is still in demand, and whose usefulness seems to be waxing, not waning."

After thinking upon this problem for some time I have come to the conclusion that the explanation lies in the more solitary position of the private nurse. The teacher, the physician, and the hospital nurse are working shoulder to shoulder with comrades. There is a continual inspiration from continual competition; there is a steady exchange of ideas. The private nurse, on the other hand, works largely alone. When she begins her career she is well versed in the latest methods, her mind is filled with the newest ideas, she is able, enthusiastic, and interested. No wonder the doctor is glad of her assistance; she needs no explanations or minute instructions; at a word she understands what he means and fulfils his intentions. But the young nurse who considers this knowledge an inexhaustible mine on which she may draw for her resources is making the mistake which will by and by cause her to fall from the ranks or, at least, to lag in the rear. As the months go on she continues to use and add to part of her knowledge; the rest may be uncalled for and grow rusty or obsolete. She will at first be associated with many doctors, but as time goes on she is better known and is demanded by a few who keep her busy, and these may or may not be progressive and a help to her own progress. Her intercourse with other nurses is rather limited. She has not new knowledge continually forced upon her, and if she wish to rise, she must fight for herself. I think it is true with all of us that the manual part of our work calls for so much energy that we have little left for mental improvement.

Let us consider how a nurse may overcome these very obvious difficulties. First of all, she must divest herself of the notion that she has attained and may rest from her labors; she must be ever watchful of herself, critical of her own defects, merciless to any spirit of indifference which may show itself, eager to learn, zealous to seize every opportunity to add to her knowledge. I do know a few old nurses who are in constant demand, who have hardly a breathing-space in the year, and these are the ones who are always using every opportunity to learn something new, whether it directly concern their own branch of work or not. Post-

graduate work is an absolute necessity, and it should be taken up five years after graduation, if possible, and resumed at like intervals later. Many nurses are very short-sighted in regard to this, and feel that they cannot spare the time or the means. The unsuccessful nurse feels that it is impossible to spare three months of time, which represent so much opportunity for earning, and the successful nurse finds it very difficult to run away from her patients. But in no other way is it possible to renew one's grasp of present conditions. I think it is usually advisable for a nurse who goes back for post-graduate work to take up general nursing as well as her own special line. It all has a bearing on her work, and all will prove useful as she goes on.

Then there is the broad-mindedness which is to be obtained only by keeping in touch with the nursing world through membership in nursing organizations and through the reading of a nursing journal. I really do not believe it possible for a nurse to continue long in usefulness who goes on her isolated way, refusing to give or receive aid from her fellows. On the other hand, a nurse may belong to her *alumnæ* association, subscribe to a nursing journal, take a post-graduate course, and still remain locked in the shell of her own ignorance, if she have not the receptive mind, which is on the alert for knowledge and which grasps it at every opportunity. There are a thousand doors open for those who will enter.

One of the successful "old nurses" wrote to me recently, "I am always glad of a hospital case, for though I am more hampered in my work by the hospital rules, I always learn a great deal." I know how she learns it, for I have seen her in a hospital and surrounded by younger nurses. She goes with the realization that an outsider brings some extra trouble, and she adapts herself as quickly as possible to new conditions and demands as little as may be. She has an eager interest in all that goes on about her, but she is wise enough not to get in the way or to ask questions at inconvenient times. She is ready to give as well as to receive, and she is met in the spirit of loving-kindness which she radiates, so there is a mutual benefit.

Another important point is that a nurse should be able to recognize an opportunity when it presents itself. May I narrate an incident which illustrates this? A nurse had been working along on the same general lines for several years when she was called to an obstetrical case for a new doctor with very progressive ideas. He asked for a number of things which were not on hand, and when she offered him the best substitutes she could get at the moment he accepted them without comment. All went well, but during the weeks that followed she was haunted by the conviction that she had not been equal to the demands made upon her. As soon as the case was ended she asked the doctor for an appointment at

a time when he would have leisure to talk with her, and when they were settled for a conference said: "I didn't have things as you wanted them for this patient. I wish you would tell me just what you want on hand and just how you want things prepared." "Good!" he replied, "I am very glad to tell you," and he went carefully over the whole ground of supplies, solutions, and sterilization in detail. The result was that her work was revolutionized. She was most grateful to this doctor for meeting her so cordially half-way, and she was so pleased with her new discoveries that, like the Ancient Mariner, she buttonholed every nursing friend who came her way and compelled her to listen to her tale. Some received it with a puzzled air, and said people had lived to this time without so much fuss and they were sure they would continue to do so. Others were eager for every detail, and put the new principles into practice. I think this difference of attitude illustrates well the difference in old nurses. Some move with the times, others stagnate. To the one who keeps her eyes open, small things are significant. She attends a clinic and sees the surgical nurses flanging sponges with dressing-forceps in place of the surgically-clean fingers of the past. She makes inquiries and finds it is a method which is being generally adopted; therefore her next shopping excursion includes the purchase of dressing-forceps, or her old ones are devoted to this new use. One must, however, distinguish between essentials and non-essentials. There are many devices in use in hospitals which cannot be duplicated outside or are not desirable. What we need is to grasp the principle involved and then use, as far as possible, the means at our disposal, and not involve our patients in needless expense.

So far I have laid particular stress on the fact that a nurse must keep thoroughly in touch with her profession, but every private nurse knows that, paradoxical as it may seem, she will fail to succeed unless she cultivate other sides of her nature also. She must have other interests than professional ones; she must be well read and in touch with topics of the day in order that she may be companionable. This broad interest will help to preserve her youth, for it is often the nurse whose thoughts all run in one groove who comes to grief.

The power to throw off care is another life-preserver; one must feel anxious when there is cause for anxiety, but there are dozens of nurses who sink under a load of care about what *might* happen, or who carry on their hearts a heavy load of responsibility which really belongs to the doctor.

Given a nurse who has all the desirable attributes I have enumerated, I think anyone will agree that as years add to her experience, she becomes more valuable rather than less so. This fact is recognized by the public.

The secretary of a nurses' directory is always being asked: "Can you send me a nurse who has had experience with typhoid? Have you someone who has proved successful in nervous cases?" etc., etc.

After all, it rests with ourselves whether we shall hold our own as well as women of other vocations do.

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## A YEAR'S WORK FOR THE CHILDREN IN NEW YORK SCHOOLS

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It may not be known to all the readers of the JOURNAL just how school nursing originated. The first nurse who undertook this great work was Miss Honnor Morten, of London, England. It was begun in 1898 and has been carried on there ever since, but under many difficulties. The staff at present numbers five, and they are paid by public subscription.

Miss Wald, of the Nurses' Settlement, seeing the need of such work here, presented the idea to the Boards of Health and Education, and even offered one of her staff to make the experiment. This proved a success beyond expectation, the result being that the city gave an appropriation which enabled the staff to be increased so that all the schools in the lower East Side and many up town, as well as a number in Brooklyn, are daily visited by a nurse. That "an ounce of prevention is better than a pound of cure" has been well proved by the year's work. Not only has the vast number of healthy children been protected from disease, but the afflicted ones have been carefully attended to and cured.

In a paper on "Medical School Inspection" printed in the New York *Medical Journal*, February 10, 1900, the following statement occurs, "The objective point in the system is *exclusion*." Now, in the same month in 1903, the system has undergone such changes that the objective point is quite the reverse—namely, *to keep the child in school*, and at the same time have the treatment carried on systematically until a cure is effected. This is due to the presence of nurses in the schools.

Under the old regulation, when the teacher sent a child suffering from some contagious disease, such as ringworm, to the doctor, and he excluded the child from school, their duties were finished. The child possibly took his card home and no attention was paid to it, and when needed it could not be found. He, in the meantime, played with the other children on the street until he got well or until the truant officer found him.